

R381-60-16. FOOD AND NUTRITION.

This section of rules gives information about how to keep food and the serving of food clean, safe, and developmentally appropriate for infants and children in care.

One of the basic responsibilities of every parent/guardian and caregiver/teacher is to provide nourishing food daily that is clean, safe, and developmentally appropriate for children. Food is essential in any early care and education setting to keep infants and children free from hunger. Children also need freely available, clean drinking water. Feeding should occur in a relaxed and pleasant environment that fosters healthy digestion and positive social behavior. Food provides energy and nutrients needed by infants and children during the critical period of their growth and development. CFOC 4th ed. Introduction 4.1 p.p. 161.

If food service is provided:

- (1) The provider shall offer a meal or snack to each child age two years old and older at least once every three hours.**

Rationale/Explanation

Children younger than 6 years need to be offered food every 2 to 3 hours. Appetite and interest in food varies from one meal or snack to the next. Appropriate timing of meals and snacks prevents children from snacking throughout the day and ensures that children maintain healthy appetites during mealtimes. Snacks should be nutritious, as they often are a significant part of a child's daily intake. CFOC 4th ed. Standard 4.2.0.5 p.p.166.

Compliance Guidelines

- For children who are in late evening or overnight care, meals do not need to be served after children have gone to bed for the night.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

- (2) If food for children's meals or snacks is supplied by the provider, the provider shall ensure that the meal service meets local health department food service regulations.**

Rationale/Explanation

Food borne illness and poisoning from food is a common occurrence when food has not been properly refrigerated and covered. Although many such illnesses are limited to vomiting and diarrhea, sometimes they are life-threatening. Restricting food sent to the facility to be consumed by the individual child reduces the risk of food poisoning from unknown procedures used in home preparation, storage, and transport CFOC 4th ed. Standard 4.6.0.1 p.p. 193-194.

The CACFP regulations, policies, and guidance materials on meal requirements provide basic guidelines for sound nutrition and sanitation practices. The CACFP guidance for meals and snack patterns ensures that the nutritional needs of infants and children, including school-aged children through 12 years, are met based on the Dietary Guidelines for Americans as well as other evidence-based recommendations. Programs not eligible for reimbursement under the regulations of CACFP should still use the CACFP food guidance. CFOC 4th ed. Standards 4.2.0.2 p.p. 163.

Planning menus in advance helps to ensure that food will be on hand. Posting menus in a prominent area and distributing them to parents/guardians helps to inform parents/ guardians about proper nutrition. Parents/guardians need to be informed about food served in the facility to know how to complement it with the food they serve at home. If a child has difficulty with any food served at the facility, parents/guardians can address this issue with appropriate staff members. Some regulatory agencies require menus as a part of the licensing and auditing process. CFOC 4th ed. Standard 4.2.0.9 p.p. 171.

Compliance Guidelines

Food Service Regulations

- Child care providers that supply, prepare, and/or serve food to children are required to pass a kitchen inspection by the local county health department.
- When any food for the children is prepared in the provider's kitchen, a kitchen inspection is required. For example, if a parent brings unprepared food (e.g. a box of macaroni and cheese) for the provider to prepare, the provider must be in compliance with this rule.
- If each parent brings already prepared food for their own child, and it is not prepared at the facility, a kitchen inspection from the local health department is not required. In this case, the facility is not considered to be providing food service.

Risk Level

Low

Corrective Action for 1st Instance

Warning

(3) The provider shall ensure that the individual who serves food to children:

- (a) is aware of the children in their assigned group who have food allergies or sensitivities; and
- (b) ensures that the children are not served the food or drink they are allergic or sensitive to.

Rationale/Explanation

Food allergy is a growing public health concern. Nearly 6 million or 8% of children have food allergies with young children affected most. Research suggests that close to half of fatal food allergy reactions are triggered by food consumed outside the home. For more information, refer to Food Allergy Research and Education at www.foodallergy.org.

A child's diet may be modified because of food sensitivity, a food allergy, or many other reasons. Food sensitivity includes a range of conditions in which a child exhibits an adverse reaction to a food that, in some instances, can be life-threatening. Modification of a child's diet may also be related to a food allergy, an inability to digest or to tolerate certain foods, a need for extra calories, a need for special positioning while eating, diabetes and the need to match food with insulin, food idiosyncrasies, and other identified feeding issues, including celiac disease, phenylketonuria, diabetes, and severe food allergy (anaphylaxis). In some cases, a child may become ill if he/she is unable to eat, so missing a meal could have a negative consequence, especially for children with diabetes. CFOC 4th ed. Standard 4.2.0.8 p.p. 168-169;

Compliance Guidelines

Refer to the following definitions as they apply to this rule:

- A food allergy is an immune system reaction that affects numerous organs in the body and occurs soon after eating a certain food.
- A food sensitivity or intolerance is generally a less serious condition that does not involve the immune system and is often limited to digestive problems.
- A child's dislike of a particular food without a negative physical reaction is a food preference, not a food sensitivity or allergy.

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning when:

A child is served a food that they are allergic or sensitive to.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning when:

A person who serves food at the facility does not know which children have a food allergy or sensitivity.

- (4) The provider shall not place children's food on a bare table, and shall serve children's food on dishes, napkins, or sanitary highchair trays, except an individual finger food such as a cracker, which may be placed directly in a child's hand.**

Rationale/Explanation

Clean food service utensils, napkins, bibs, and tablecloths prevent the spread of microorganisms that can cause disease. The surfaces that are in contact with food must be sanitary. Although highchair trays can be considered tables, they function as plates for seated children. The tray should be washed and sanitized before and after use (4). The use of disposable items eliminates the spread of contamination and disease and fosters safety and injury prevention. Single service items are usually porous and should not be washed and reused. Items intended for reuse must be capable of being washed, rinsed, and sanitized. CFOC 4th ed. Standard 4.5.0.2 p.p. 189.

Compliance Guidelines

This rule is to prevent food from being served on a bare table. It is not out of compliance if a child places their food on a bare table after it is served.

Risk Level

Low

Corrective Action for 1st Instance

Warning

- (5) If parents bring food and drink for their child's use, the provider shall ensure that the food is:**
- (a) labeled with the child's name;**
 - (b) refrigerated if needed; and**
 - (c) consumed only by that child.**

Rationale/Explanation

Restricting food sent to the facility to be consumed by the individual child reduces the risk of food poisoning from unknown procedures used in home preparation, storage, and transport. Food brought from home should be nourishing, clean, and safe for an individual child. In this way, other children should not be exposed to unknown risk. Inadvertent sharing of food is a common occurrence in early care and education. The facility has an obligation to ensure that any food offered to children at the facility or shared with other children is wholesome and safe as well as complying with the food and nutrition guidelines for meals and snacks that the early care and education program should observe. The facility, in collaboration with parents/guardians and the

food service staff/nutritionist/registered dietitian, should establish a policy on foods brought from home for celebrating a child's birthday or any similar festive occasion. CFOC 4th ed. Standard 4.6.0.1 p.p. 193-194.

Compliance Guidelines

- The food and drink may be labeled with only the child's first name unless another child in the facility has that same first name. In this case, the food and drink must be labeled with the child's first name and last name initial unless another child has the same first name and last initial. If this is the case, the food and drink must be labeled with the child's full name.
- Instead of being refrigerated, the food and drink may be kept in a lunch container with a cold pack, as long as the cold pack stays at least cool to the touch.
- Food that is brought from home may be put in a cubby that is labeled with the child's first name as long as the food is kept cold as necessary.
- It is the provider's responsibility to determine by policy if on special occasions parents may bring food to share with children other than their own. If allowed, only commercially prepared and packaged foods may be shared since the provider usually does not know how parents prepare and store food.

Risk Level

Low

Corrective Action for 1st Instance

Warning